Appendix K: Request for Equivalency Credit for Mandatory Functional Training

Instructions for Completing and Handling Request:

- Employee completes Sections I and II and forwards request to supervisor.
- Supervisor reviews Section II and completes Section III. If concurring, forwards request to approving authority. If non-concurring, returns request to employee.
- Approving authority completes Section IV and returns request to supervisor.

Section I - Employee's Request for Equivalency							
Name (Last - First - MI)				Career Field/Program Number			
Title/Se	eries/Grade	Course Title &	Code	Course Provider			
Employee's Signature				Date Signed			
	Section II - Training Information Work Experience (Attach detailed explanation of work assignments. Identify competencies and explain how they were acquired.) Formal Education or Training, including Correspondence Study (Attach transcript(s) and descriptions of course work, to include course title, course level, and grade. Identify competencies and explain how they were acquired.) Self-development Activities (Attach detailed explanation. Identify competencies and explain how they were acquired.)						
Section III - Supervisor's Recommendation							
	Concur		Nonconcur				
Supervi	sor's Name, Title, Organization, and Mailing A	Address		Telephone Number & Email			
Supervisor's Signature Date				Date Signed			
	Section IV - Approving Authority D	ecision					
	Approved		Disapproved				
Approving Authority's Name, Title, Organization, and Mailing Address				Telephone Number & Email			
Approving Authority's Signature				Date Signed			